

**guide for
planning**

PHYSICIANS' OFFICES

**GENERAL PRACTICE
OBSTETRICS and GYNECOLOGY
PEDIATRICS
SURGERY
OTORHINOLARYNGOLOGY
ORTHOPEDICS
OPHTHALMOLOGY
DERMATOLOGY
PATHOLOGY
RADIOLOGY
PSYCHIATRY
UROLOGY
PROCTOLOGY**



**PUBLISHED BY
THE AMERICAN SURGICAL TRADE ASSOCIATION
IN COOPERATION WITH
UNITED STATES PUBLIC HEALTH SERVICE**

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SEE FLAP ON BACK COVER FOR
EQUIPMENT LEGEND

PRESENTED TO

WITH THE COMPLIMENTS OF

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Greensboro, N. C.

guide for
planning

PHYSICIANS' OFFICES



PREPARED UNDER THE GENERAL DIRECTION
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FOREWORD

Continued requests from private physicians all over the nation to the Public Health Service for up-to-date information on arrangement and layout of specialists' offices dictated the preparation of this publication. Many physicians' offices today are inadequately and haphazardly installed by compromise remodelling in buildings not originally intended for such purposes.

If a physician has the opportunity to open his practice in a vacant building space reserved for medical activities, or in a one-man office building, the necessary basic planning material applicable to his special requirements has not been available. The development of this set of standard plans embodying the functional needs of different specialists should help to orient the physicians and their architects confronted with the problem of installing or remodelling their offices.

Existing data on physicians' offices published in catalogues, professional magazines, etc., has been critically analyzed. Exact requirements were ascertained by visits to and consultations with members of the profession in each specialty. Contacts with assistants, nurses and secretaries in their sphere of activities supplemented the picture of just what facilities are necessary to carry out efficient practice. Through correspondence, study of tentative sketches and personal interviews, architects and specialists of the Public Health Service obtained opinions and judgments from practicing private physicians as the basic data for this publication. In addition, advice and criticism on preliminary schemes were obtained from The American Medical Association, The Medical Society of the District of Columbia, the staff of Public Health Service dispensaries and health units, and the manufacturers and distributors of surgical and medical equipment.

It is obviously impossible to propose dogmatic standards which will be universally applicable without change to specific projects. The purpose of these plans is merely to demonstrate graphically the fundamental needs concerning space and equipment, possible traffic solutions, and suggested relation of rooms and areas. The assembled information is therefore to be regarded primarily as guide material intended to serve as a reference "check list," and will have to be adapted in each instance to individual conditions, personal taste, work habits and type of practice.

PROGRAM NOTES

This publication attempts to illustrate the specific requirements in terms of space and equipment for the individual practice of medicine in 13 different specialties. In order to provide a uniform basis for comparison, it was necessary to bring the design of all office suites on a common denominator. The premise therefore includes the following assumptions:

1. The suites are intended as one-man offices, that is, each layout is designed for use by only one practicing physician with the help of a nurse and a secretary (or a combination of both), and other professional assistants as the case may be.
2. Each suite is assumed to be complete in itself and should contain all necessary features for the particular specialty involved. The only facilities shared by all occupants consist of building entrance and lobby, stairs and elevators, corridors, and centrally located public toilets.
3. The aim is to provide accommodations which are neither luxurious nor absolute minimum, but rather incorporate all essentials comfortably with an eye on maximum efficiency and economy in floor area.
4. For the purpose of integrating all suites into a professional office building, a standard bay width of 22 feet has been assumed. The layouts have therefore the shape of rectangles with constant width and varying lengths, defined by two end partitions 22' long (left and right), a corridor wall (bottom) and an exterior window wall (top). This system makes it possible to arrange the various offices in rows along one or both sides of a common corridor.

NOTES ON PLANNING

From a point of view of physical organization, the entity of a complete office suite can be divided into four main elements. These divisions consist of (1) Waiting Area, (2) Patients' Consultation—Examining—Treatment Areas, (3) Staff Work Area, and (4) Circulation. All are interrelated and should form a well integrated unit without infringing on each other's specific functions.

WAITING AREA

The primary requirement for the waiting room is a comfortable and relaxing atmosphere, undisturbed by circulation of patients and nurses, yet in close proximity to the main entrance and secretary's headquarters. Good supervision and control from this point is essential for giving directions to arriving and departing patients as well as for calling them to consultation and examining areas. If space permits, an outside location of the waiting room is of course preferred as it presents better opportunities for achieving an informal, pleasant and inviting space arrangement. Concerning size and seating

capacity, no hard and fast rules can be established since extent of practice and appointment systems vary considerably with each individual physician. Needless to say, in addition to the familiar easy chairs and magazine tables, some provision should be made in or near each waiting room for hanging coats, hats, umbrellas, including a wall mirror near the entrance.

CONSULTATION — EXAMINING — TREATMENT AREAS

This section should form a well related series of rooms, each affording complete privacy, but readily accessible by physician and assistants passing from one to another. In some cases, communicating doors between adjoining rooms are indicated to facilitate circulation. This arrangement has, however, the disadvantage of disturbing privacy to some extent and of reducing wall and floor space usable for equipment. In all plans these communicating doors are therefore optional and can be either added or eliminated.

CONSULTATION ROOM

With the possible exception of the dermatologist and the ophthalmologist, who usually combine the functions of consultation and examination in one room, every physician needs a separate private office. Although this room does not have to be very large in most cases, it should be attractively decorated and furnished for psychological reasons, and it must afford complete privacy for conversations and interviews with patients and other callers. Standard furniture includes an office desk for personal belongings, a bookcase for professional reference books, and at least two or three comfortable chairs since patients frequently appear with other family members or relatives. Generally, the preferred location for the consultation office is near the waiting room and in close proximity to the secretary's office for the convenience of staff and patients who often complete their visit in this area alone.

EXAMINING AND TREATMENT ROOMS

The number, size and layout of rooms under this heading and their equipment is determined by the volume of patients, by the type of service rendered and by the specialty of the physician. As a general rule, a minimum of two rooms, preferably designed for interchangeable use, is recommended. Although it is possible to practice in a suite containing only one examination-treatment room, the additional expense in rent and equipment for a second room will be more than compensated for by the increased income resulting from caring for a greater number of patients due to a substantial saving in time. While the physician is examining a patient in one room, another patient can undress and be prepared for examination or treatment by the nurse in the second room. In some instances treatments may be administered by an assistant at the same time the physician is occupied with a patient in another room.

RECOVERY ROOMS

These rooms, where indicated, are designed to serve several purposes to justify their inclusion—for recuperation after local anesthesia or painful examination, for isolation, for specimen collecting, for injections, BMR's, diathermy and other minor but time consuming procedures often handled by a nurse; as an auxiliary examining room when other rooms are occupied. Many physicians feel that every office suite should be provided with one such multi-purpose room containing a couch or bed.

DRESSING FACILITIES

Present controversy regarding dressing facilities (dressing rooms, cubicles, curtains, screens, etc.) seems to preclude an ideal standard solution. The majority of the interviewed physicians (except obstetricians and gynecologists) were of the opinion that patients could dress and undress in the examining room proper with only a chair,

a folding screen and some clothes hooks provided. This method admittedly ties up the examining room longer than necessary for the examination. On the other hand, a dressing room or cubicle is no help in this respect either unless it has, also, a direct door to the corridor and is used alternately only by every second patient. However, such a dressing room with two doors presents rather obvious privacy and door locking problems. Moreover, some patients are hesitant to use any type of enclosed dressing space because they prefer not to leave their clothes and belongings out of sight. These considerations should be kept in mind in examining the few layouts where dressing rooms are indicated.

WORK AREAS

The staff work area includes such spaces as secretary's office, laboratory, utility room, charting desk, etc. Contrary to the facilities used by the patients, these elements are not grouped together in a continuous unit, but are strategically distributed within the suite to best serve the function for which they are designed.

RECEPTIONIST-SECRETARY OFFICE

The office of the receptionist-secretary must be close to entrance and waiting room for control of arriving and departing patients, for making new appointments and discussing financial matters, and for directing waiting patients to consultation, examination, or treatment rooms. Yet this office should also be located convenient to the doctor's work area for easy access to records and for supervision of traffic within the suite. Another reason for the desirability of this relation is the fact that, due to limitations in personnel, the nurse is frequently required to double as secretary and vice versa. The question of whether or not the secretary's office should be an enclosed room or simply an open bay off the waiting room or a compromise between the two arrangements is again a somewhat controversial issue. To illustrate these possibilities, several different schemes are shown on the plans. For average conditions, however, it seems that the problem is probably best solved by a partially enclosed space having a glass partition with a sliding or open window on the waiting room side and connecting without any separation (no door) to corridor of work area. In this way the main objection against an open bay, namely lack of privacy for both waiting patients and secretary, is overcome without sacrificing visibility and ease of control.

UTILITY ROOM—LABORATORY

Some possibilities of handling the utility room and laboratory problem are likewise illustrated by several different examples. For many specialties laboratory and utility room functions can be combined, others require separate accommodations, while still others get along with nothing

but an instrument sterilizer, storage cabinet and wash-basin in the examining room itself. A fairly practical solution, saving floor space and nurses' steps consists in the concentration of utility and laboratory equipment (counters, storage cabinets, sink, refrigerator, sterilizer, microscope, etc.) in a centrally located nurse's workroom, equally accessible from all examining and treatment rooms. It may be said in this connection that sterilizers in the examining rooms are sometimes considered objectionable because of the disturbing creation of steam within the room.

SCALE AND CHARTING DESK RECESS

Another feature of the work area, applicable in certain offices, is the scale and charting desk recess. Appropriately located in a niche off the corridor these items allow the nurse to record the weight of a patient without tying up a room, and to lay out all records of those patients expected during the day for the physicians' review and notations. The desk is high enough for writing in a standing position and contains separate racks and compartments for records to be consulted, to be processed or to be filed.

CIRCULATION

An important consideration in the design of a well organized office is the efficiency of the area allotted for circulation. During busy office hours it should permit an easy flow of traffic, avoiding confusion between incoming and outgoing patients, and affording undisturbed access and egress to and from work areas by both patients and staff. A separate entrance, allowing the physician to enter or leave the suite without passing through a waiting room, seems most desirable if not almost essential. This second entrance may also be used occasionally by patients wishing to avoid the waiting area, and for all commercial transactions such as deliveries of supplies, drugs, specimens, etc. The resulting corridor area, necessary to meet the described objectives, might by some be considered costly, unproductive floor space. But it seems hardly recommendable to sacrifice efficiency, convenience, comfort and privacy for a relatively small saving in office rent.

STORAGE

The individual needs and preferences for built-in storage facilities vary all the way from none at all to entire storage rooms. Here again we find the necessity of striking an economic balance between the rental expense of so-called unproductive floor space and convenience in operation for each particular instance. Obviously, no standard formula can be recommended, and the storage areas indicated on the plans (by dotted shading) represent therefore, merely a possible average which can be amplified or reduced depending upon the analysis of

each individual physician's requirements. The same consideration applies to the usage and interior arrangement of the different storage closets. No attempt has been made to indicate shelves, clothes poles, type of doors, etc., nor to designate the multitude of items to be stored, such as coats, uniforms, office supplies, instruments, medical equipment, etc.

TOILETS

Although many physicians may consider it desirable to include at least one toilet room within the limits of every suite, toilet facilities have been shown only in those offices in which they are mandatory for the medical procedures of the respective specialty. It is, of course, assumed that public washrooms are available on the same floor for the convenience of waiting patients and staff.

EQUIPMENT

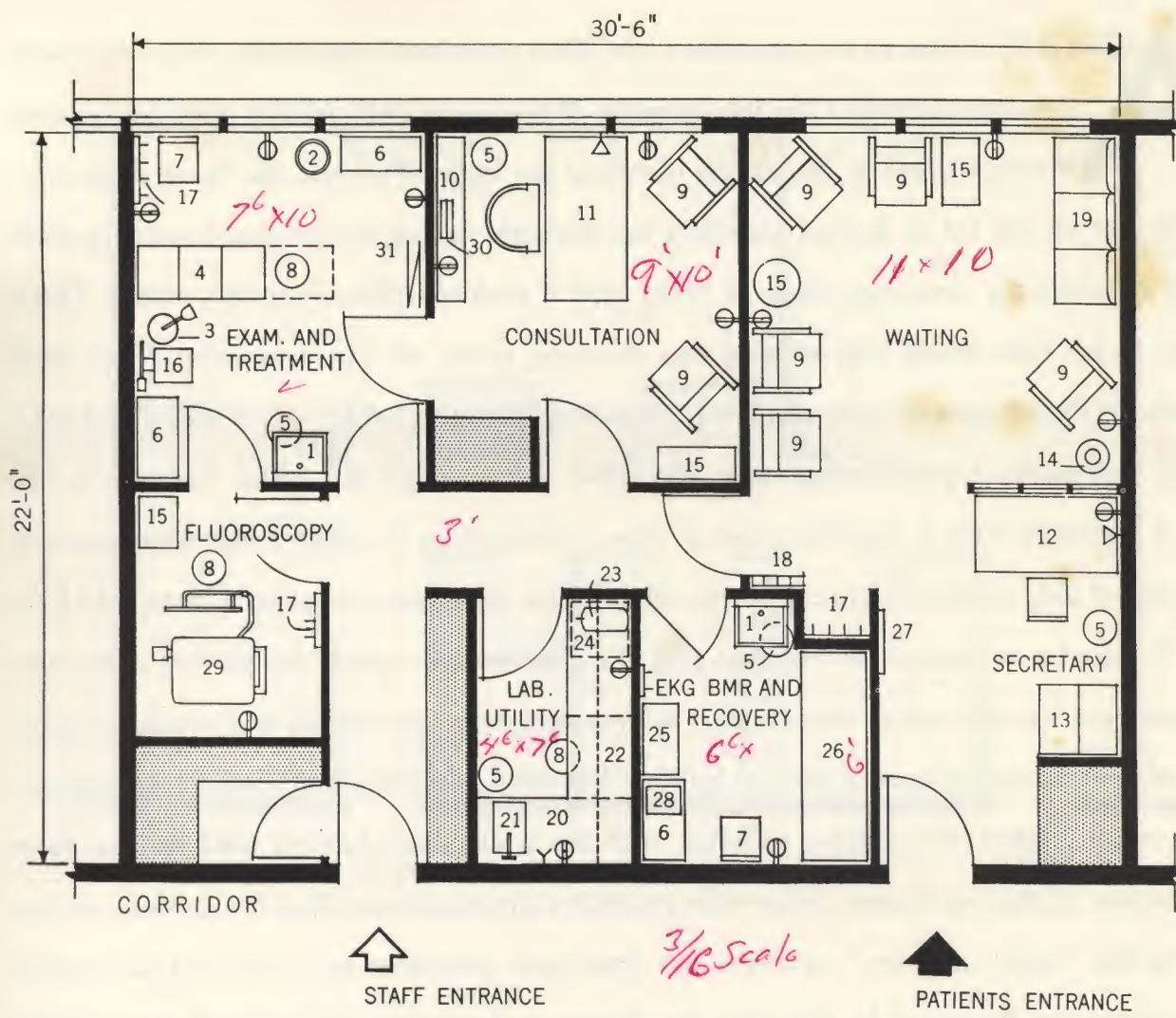
While it is recognized that the final selection of each piece of equipment again depends upon the practice and training of the individual practitioner, it appears to be possible to crystallize certain basic requirements more or less corresponding to the average need. Wherever practicable, standard, movable furniture and equipment has been assumed, except in a few cases where a built-in desk, settee or counter seemed to offer substantial advantages or better utilization of floor space. Only major items which can easily be identified on the drawings have been included, and all small pieces, such as hand instruments, microscopes, typewriters, etc., were purposely omitted in order not to confuse the readability of the plans. For identification purposes each plan symbol is provided with a number referring to the equipment legend on the last page, which, when folded out will be conveniently available for reference to each layout. Generally speaking, the suites have been designed around the chosen equipment. In other words, the combination of furniture and equipment, logically selected and conveniently located to carry out the predetermined functions of a particular room or area, dictates the size, shape and arrangement of each such space. Those confronted with a planning problem may well remember not to reverse the process.

EXPOSURE AND VENTILATION

To forestall possible misunderstanding, it should be pointed out that the customary depth of rentable floor space in the average office building does not permit all rooms to be located along outside walls. Wherever feasible the majority of the more important rooms have been given exterior exposure. All other rooms and spaces, having no direct connection to a window wall, require, of course, some form of artificial illumination and ventilation.

THE schematic layout illustrated here has been tailored roughly to what might be termed the basic needs of the average physician who concentrates primarily on internal medicine. However, by incorporating but slight modifications and certain substitutions of equipment, the design of this suite may well be adaptable to the requirements of the general practitioner or of physicians specializing in different medical branches such as glandular, circulatory, nutritional diseases, etc. Due to the fact that office therapy is ordinarily limited to comparatively simple procedures, the main emphasis is placed on facilities for diagnostic examinations. The extent and completeness of these vary, but few physicians in this group can do without a fluoroscope, B.M.R., and E.K.G. equipment and at least a small routine laboratory. Because fluoroscopic examinations have to be performed in complete darkness, it is best to provide a separate inside room, eliminating the inconvenience of light-proofing and darkening the examining room each time the fluoroscope is used. It should, however, be immediately adjacent to and communicating with the examining room, so that it is accessible to partially clothed patients.

Inasmuch as the basal metabolism tests are usually performed by the nurse in the early part of the morning, it would be wise to design the B.M.R. room also for other functions during regular office hours. For example, it may be used for electrocardiograms, diathermy, injections, etc., and for a variety of relatively simple examinations whenever the main examining room is occupied. Also the laboratory may frequently become a multi-purpose room. In the absence of a utility room or space, it could incorporate some utility equipment, and besides the customary laboratory facilities (sink, Bunsen burner, microscope, etc.), it may contain provisions for developing E.K.G.'s; a refrigerator for vaccines, and the like.. In case a toilet room within the suite is considered necessary, the storage closet to the left of the Staff Entrance can easily be converted for that purpose.



AREA = 671 SQUARE FEET

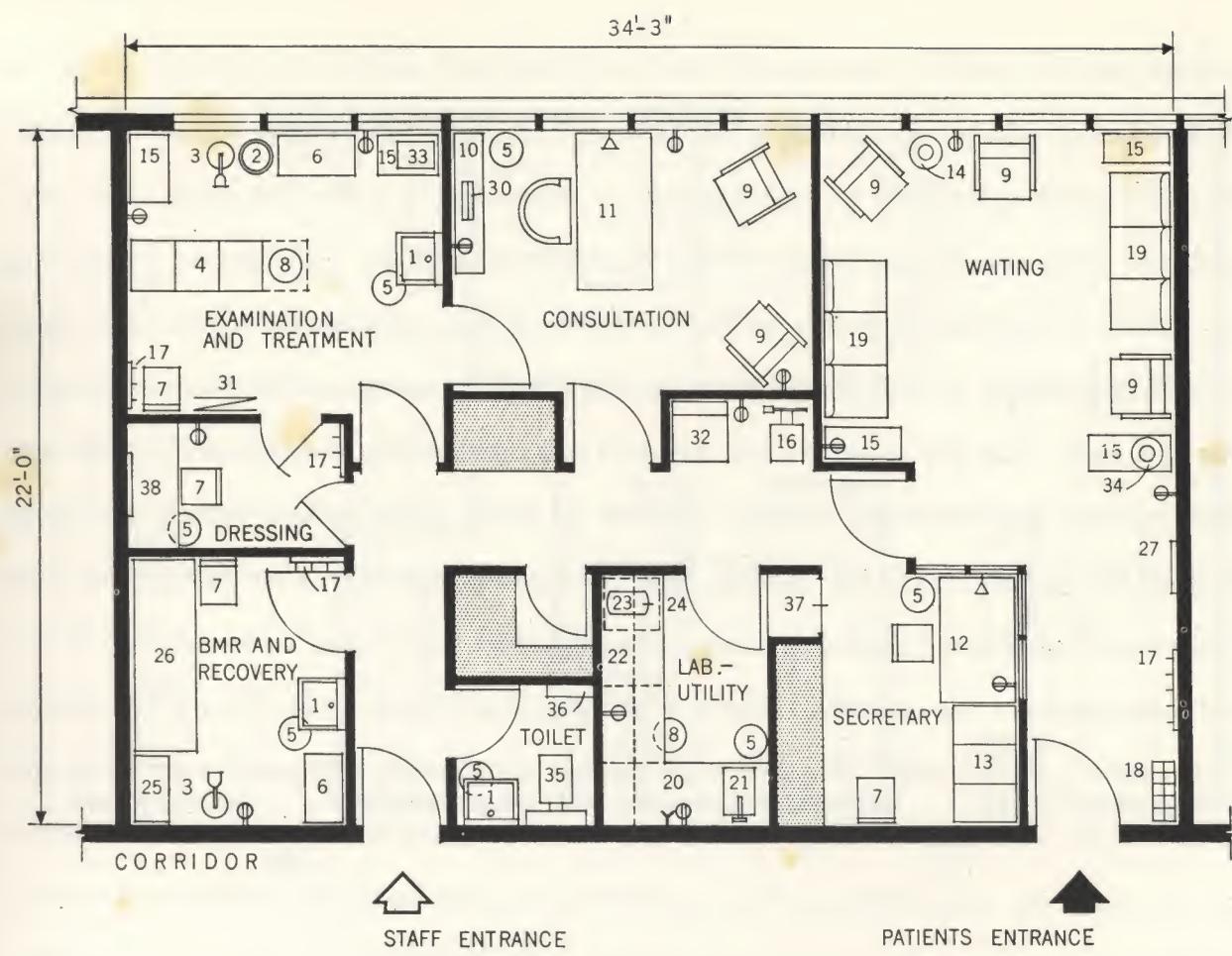
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SEE FLAP ON BACK COVER FOR
EQUIPMENT LEGEND

GENERAL PRACTICE

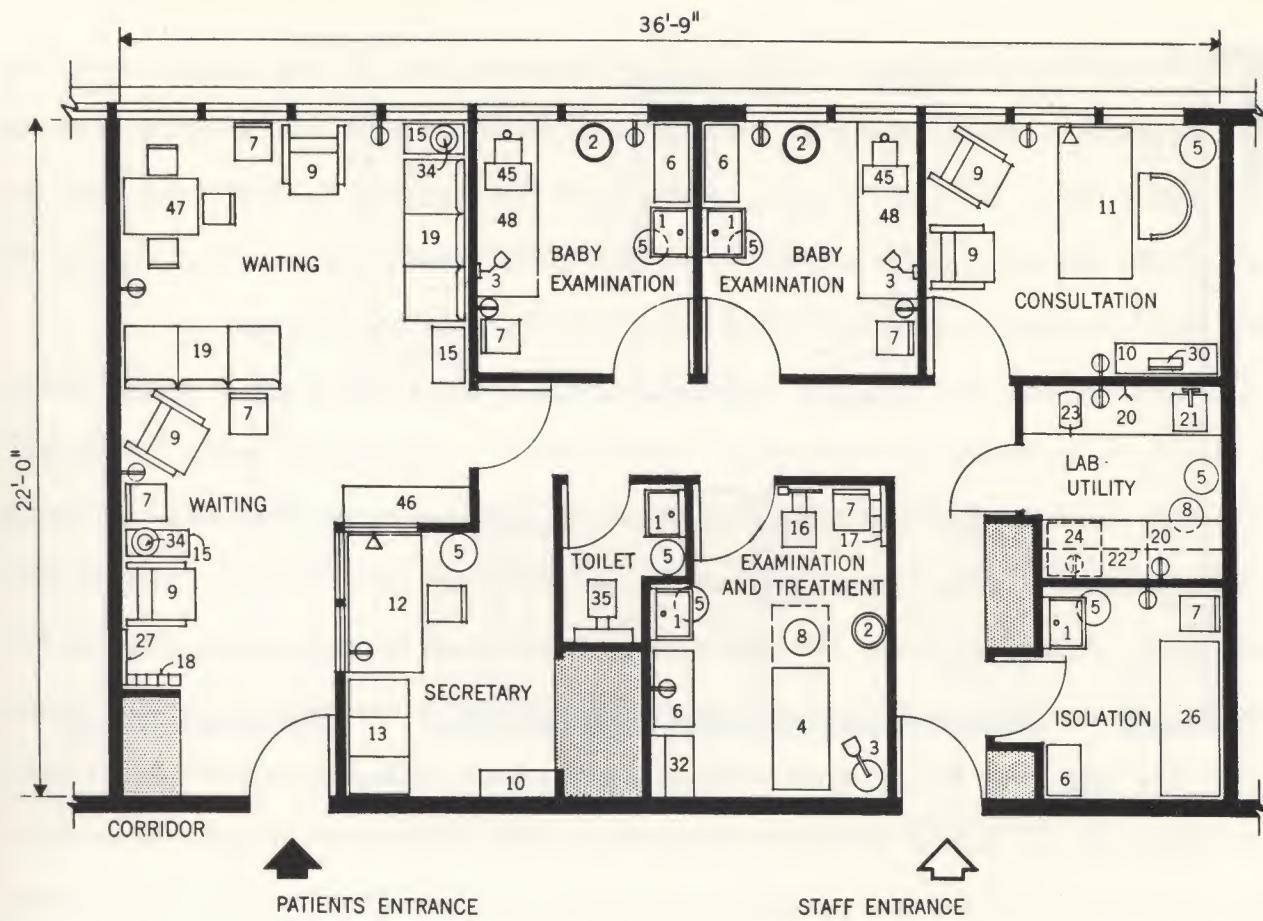
ALTHOUGH these two specialties are often practiced separately, they have been grouped together for the purpose of this study because the physical requirements appear to be almost identical for both. Perhaps the least controversial aspect on the list of design elements for this suite is the almost unanimous demand for a comfortable dressing room, a toilet and a multi-purpose recovery room. There seems to be little doubt that at least one dressing room off the examining room (with or without direct access from corridor), containing dressing table, mirror, chair and robe hooks, represents a good investment. The toilet room within the office limits is in this case a necessity from a medical point of view. Similarly as in other suites, the recovery room is not only needed for recuperation but also for injections, anesthesia tests, B.M.R.'s, etc. It may be of interest to mention that the planner can spare the patient some embarrassment by such small details as a convenient provision for the unobtrusive depositing of urine specimens on a shelf or cabinet between secretary's office and laboratory-utility room. These two spaces, together with the scale and charting desk recess, form the nucleus of the work area, where the secretary or nurse identifies the patient on her way to the "inner sanctum," receives her specimen, prepares her records and records her weight. As illustrated by the plan, the design and location of this work area allows the secretary to maintain contact with entrance and waiting room, without loss of privacy on either side, even when occupied with a patient as described above.



SEE FLAP ON BACK COVER FOR
EQUIPMENT LEGEND

OBSTETRICS and GYNECOLOGY

It seems that the pediatricians are divided into two main schools of thought as far as the method of examining babies is concerned. The proponents of the "cubicle school" advocate small open stalls containing only an examining counter with scale and a supply cabinet, whereas the extremists of the opposition insist on full-fledged examining rooms which, in addition, embody all the functions of the consultation room. Both sides have valid arguments in support of their theories, and no comparative merit evaluation is intended here. On the contrary, an attempt has been made to compromise between the two factions by combining certain features of both. Since babies usually constitute the bulk of the patient load, the cubicle idea has been adopted in a modified form. Two relatively small identical examining rooms are provided, which are large enough to accommodate, besides the specified items, a washbasin and a chair for the mother during the examination of her child. For older children a completely equipped examining and treatment room with small writing desk is shown to illustrate the principle of this combination. A separate consultation office, permitting a quiet interview with parents undisturbed by crying babies, is located as far away as possible from the noisy waiting room. The arrangement of this waiting area is equally the subject of different opinions. While it seems advantageous to divide it into sections for various age groups with some entertainment facilities suitable to each, many pediatricians feel that caution should be exercised not to turn the waiting space into a rumpus room. Although it is common office practice not to admit children with known disturbances of a contagious nature, not too infrequently infectious cases are nevertheless discovered in the waiting room. Such patients are then immediately segregated in a small isolation room where the diagnosis is confirmed and from where they can be dispatched home through a separate exit. Some pediatricians, however, employ different techniques and may prefer to use this space for fluoroscopy instead. It remains to be mentioned that age and physiology of the patients call for a toilet room within the suite easily and quickly accessible from waiting room as well as examining rooms.



AREA = 809 SQUARE FEET

GRAPHIC SCALE IN FEET
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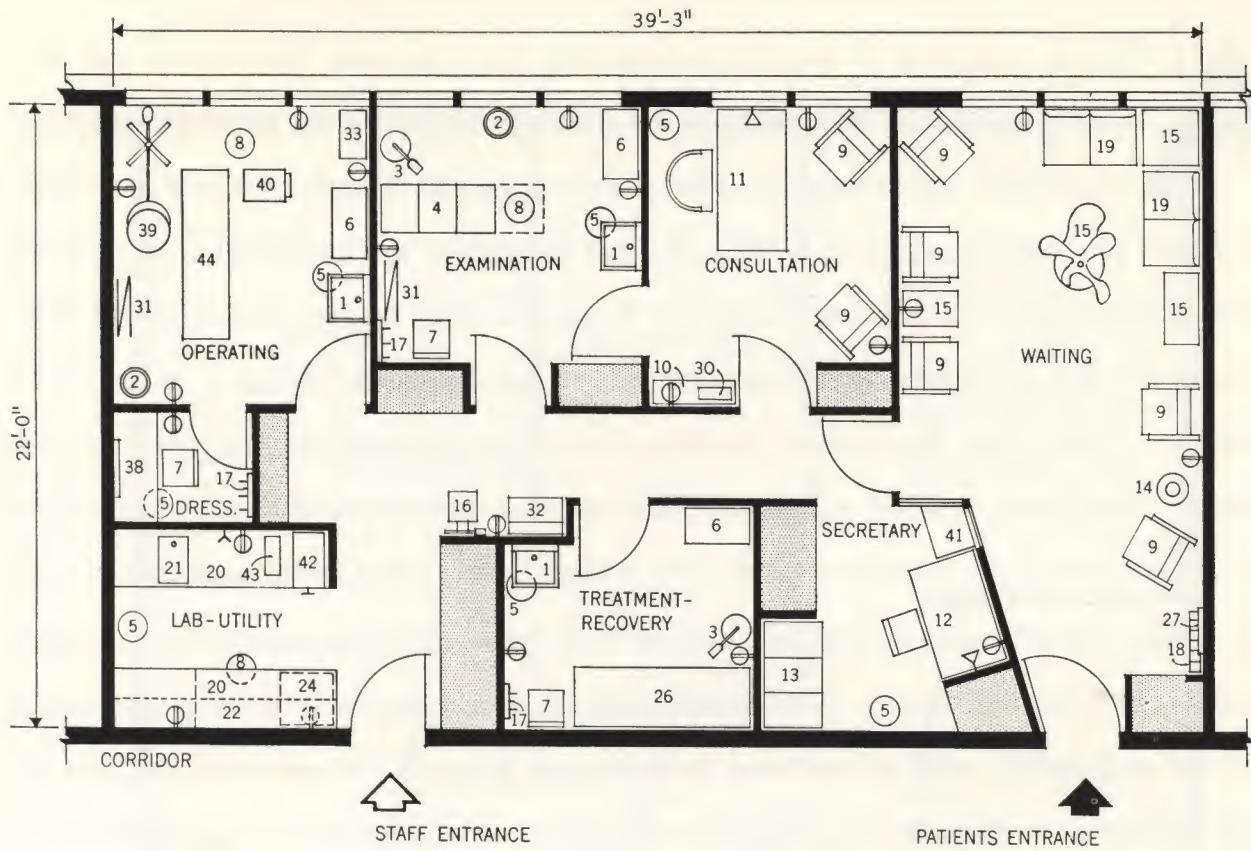


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EQUIPMENT LEGEND

PEDIATRICS

THE problem of striking a happy medium between the efficient, speedy handling of patients and achieving an atmosphere of unhurried individual attention is sometimes rather difficult to solve. Aside from the idealistic decisions, the final solution always depends on the answer to the economic question of how much space divided into how many rooms can be allocated for this and that purpose.

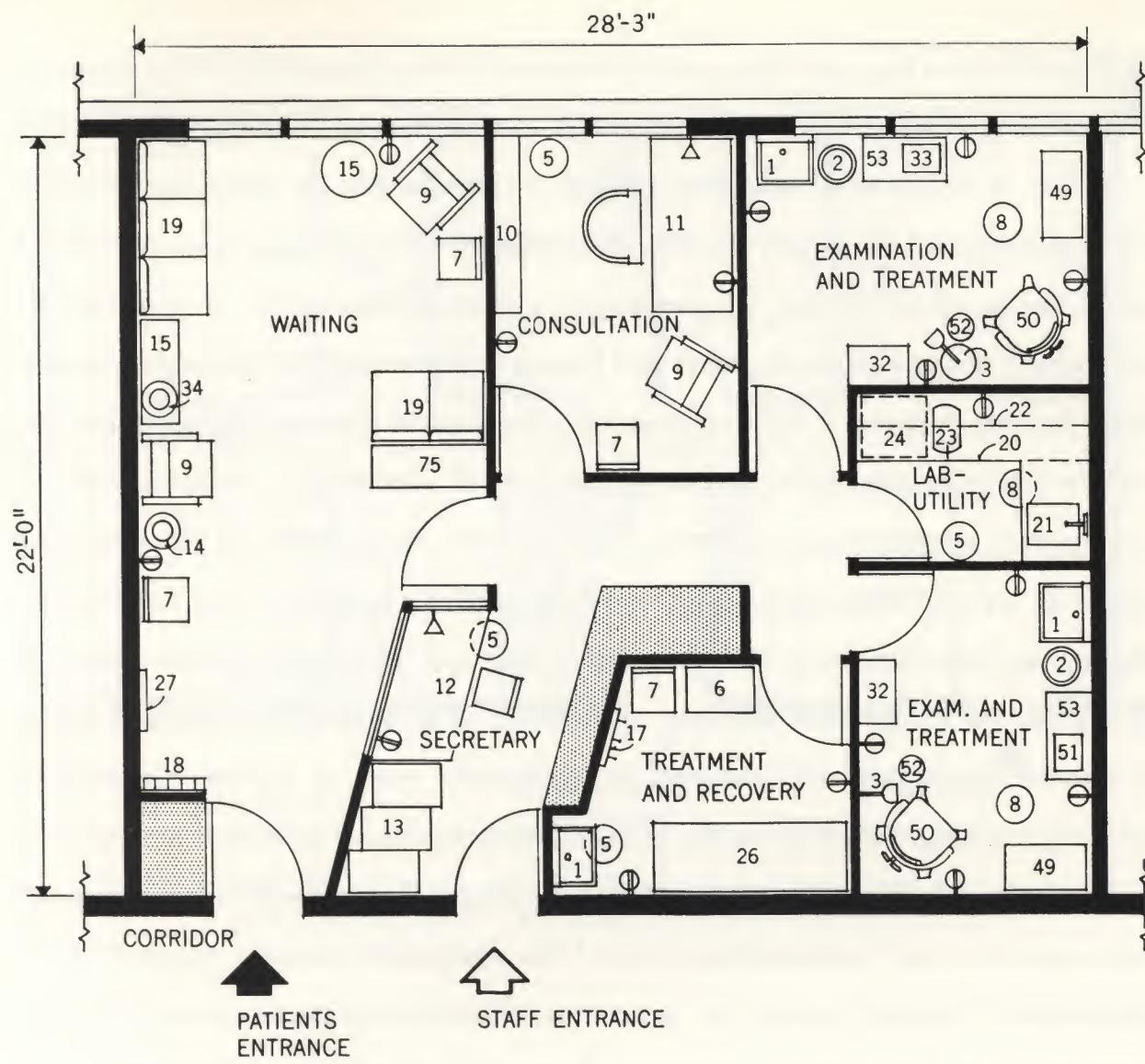
Conforming with the principal activities in the surgeon's office, the 3 workrooms of this plan have been labeled ostensibly "Examination," "Operating" and "Treatment" (Recovery). Such a clean-cut separation, however, exists in name only, and can rarely be adhered to in reality. As a result of the varying case load and the considerable overlapping of these functions, the rooms must be designed for interchangeable use. For example, pre-operative examinations may be carried out in the minor operating room, stitches and casts may be removed in the examining room, dressings applied in the treatment room, etc. A logical deduction along these lines is the centralization of as much utility equipment and as many supplies as possible in a general nurses' work space independently accessible from all rooms. This would substantially increase flexibility and eliminate duplication. This utility area, often incorporating also certain laboratory facilities, does not have to be an enclosed room. On the contrary, an open bay, which does not entail the constant manipulation of an additional door, offers many advantages with respect to circulation and supervision. An inconspicuous location and at least partial shielding from patients' view, as suggested on this plan are nevertheless desirable features.



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EQUIPMENT LEGEND

SURGERY

AN efficient practice of otorhinolaryngology can generally be carried out in a space somewhat smaller than the average occupied by some of the other specialties. The reasons for this economy may be found in the fact that treatment chairs are used in place of tables, all patients' rooms are combination examining and treatment rooms, no dressing rooms nor X-ray and other space-consuming facilities are required. The examining and treatment rooms can be quite limited in area, but it should be stressed that the relative position of furniture and equipment is of utmost importance. Mandatory special equipment includes such items as cuspidors connected to water supply and drain next to each treatment chair, suction and compressed air in each room (either piped from central location or built into individual treatment cabinets), electro cautery apparatus, etc. One room should be soundproof and isolated from street noises for audiometry, and at least one of the rooms should have only artificial light for transillumination. In this suite, too, the recovery room, which contains a couch and a lavatory can be used to advantage for certain tests and procedures only performable on patients in a reclining position. Like in several other suites, all utility and laboratory functions are combined into one compact unit which serves as a general workroom for the nurse. It includes refrigerator, work counter, supply cupboards, sink and pressure sterilizer, all centrally available from the treatment rooms and eliminating the need for duplication.



AREA = 621 SQUARE FEET

GRAPHIC SCALE IN FEET

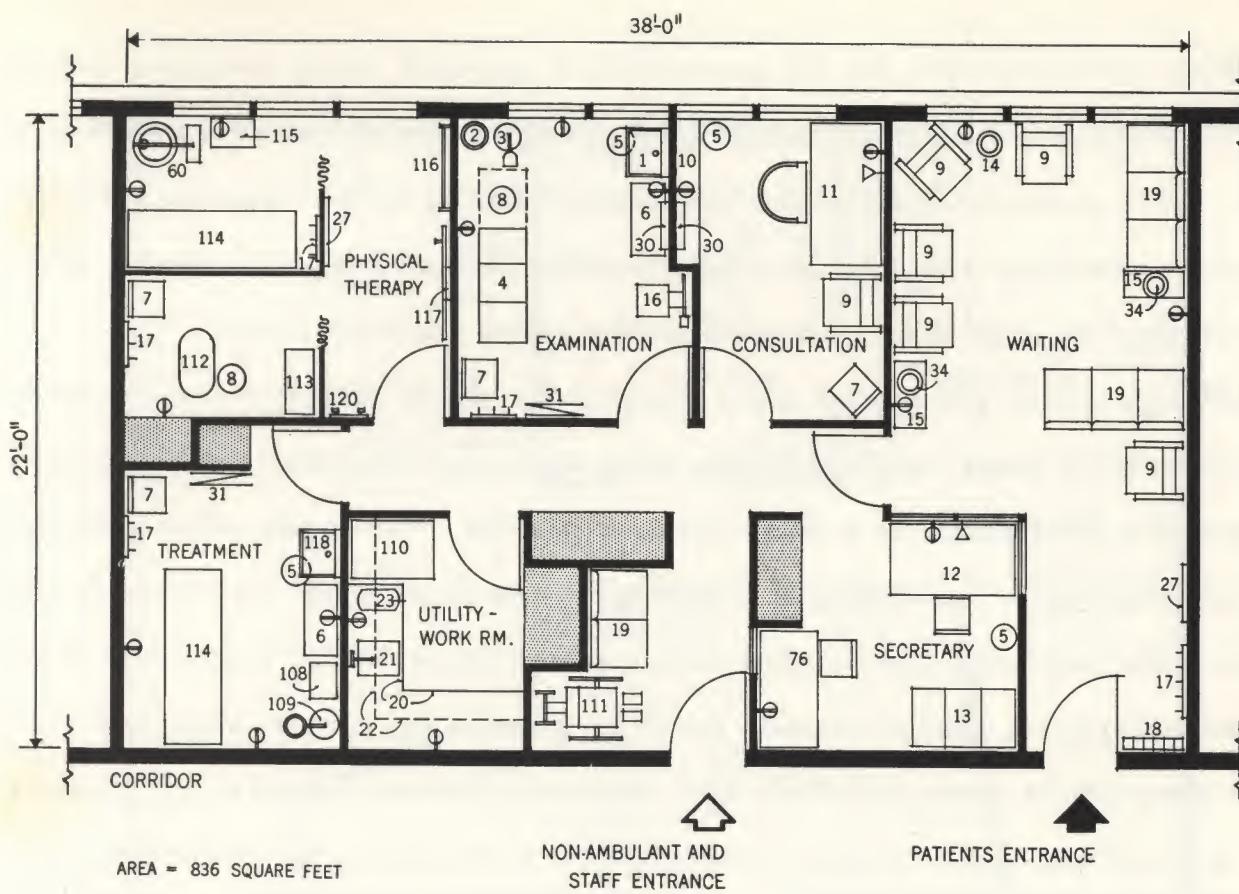
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EQUIPMENT LEGEND

OTORHINOLARYNGOLOGY

PERHAPS more than any other suite, the layout of the orthopedist's office depends a great deal on the type of practice and working system of each individual physician. It is therefore extremely difficult to standardize on assumed, so-called "basic requirements." An infinite variety of possible activities will have to be considered in each instance, all influencing the planning to a considerable extent. If, for example, the orthopedist prepares arch supports and braces in his own office, he needs a special workshop for this purpose; if he is concerned with physical therapy and is assisted by one or more physical therapists, anything from a small room with a whirlpool bath up to a completely equipped gymnasium or exercise room may have to be included; if he prefers to do his own X-ray work, he will naturally require a separate X-ray room including film storage and darkroom. The plan shown here can obviously illustrate only one out of a multitude of different solutions. In addition to an examining room and a general treatment room, primarily intended for orthopedic work, a condensed physical therapy unit has been included for the sake of demonstration. It is divided into two curtained booths (one for hydrotherapy, and one for electrotherapy) with access through an open exercise area, incorporating some of the equipment normally encountered in this department. It should, however, be remembered that the comparative lack of privacy of this arrangement causes many physicians to prefer instead several separate rooms, even though decidedly more floor area is consumed thereby. If equipped as shown on the plan, the utility room serves as a general work room for cleaning, preparing and storing supplies, instruments, plaster cart, etc., but, as mentioned before, its use is optional and adaptable to different activities. If space permits, a separate entrance and waiting alcove for non-ambulant and crippled patients on crutches will often save uncomfortable situations.



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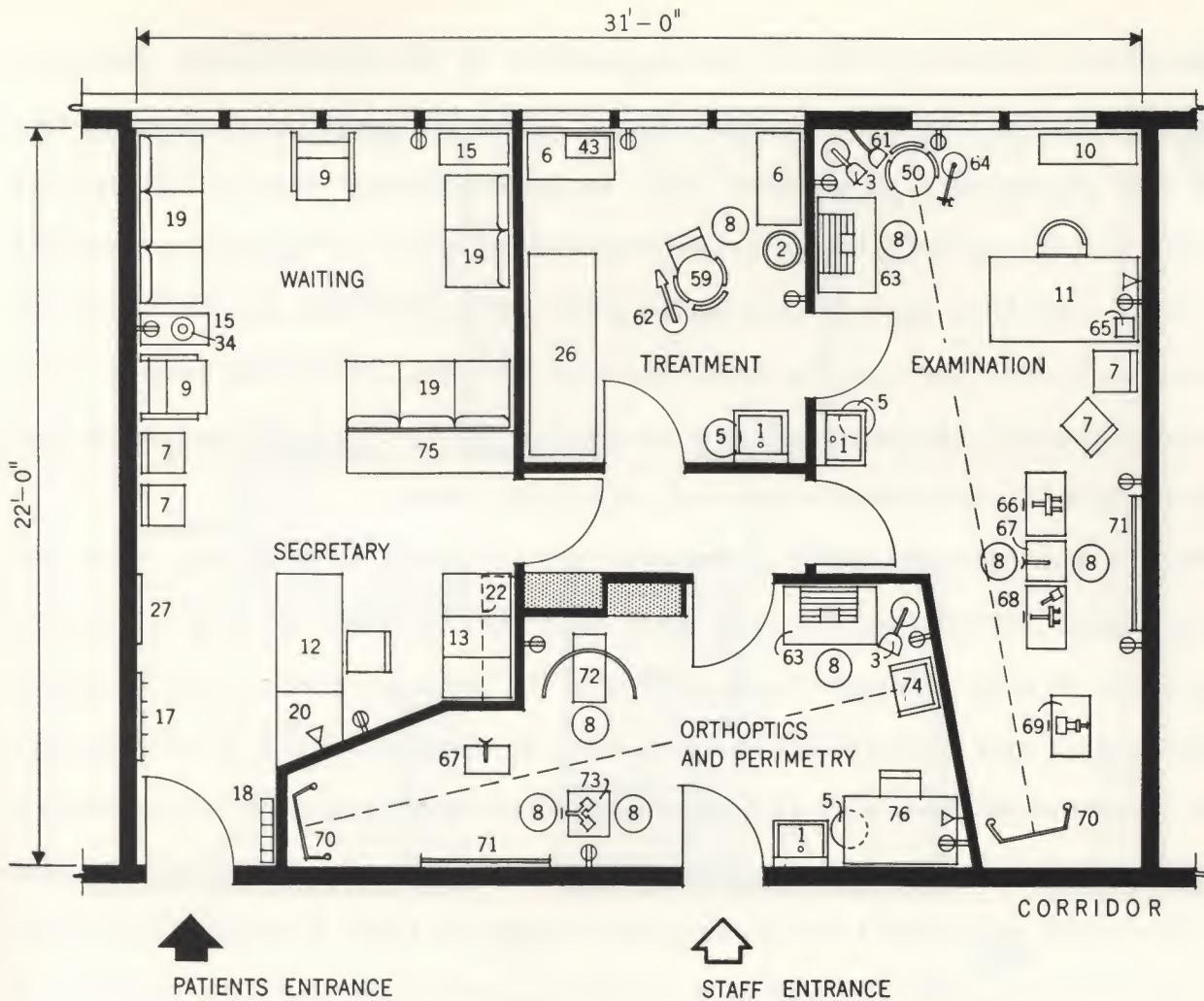


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ORTHOPEDICS

THE ophthalmologist, like the ear-nose-throat specialist, being concerned primarily with examinations performed on the head and usually with the patient in a sitting position, substitutes the less space-consuming barber type chair for the customary examining table used by other specialists. This advantage is, however, offset by his request for a 20' distance between patient's chair and vision chart.

Although mirrors and special charts designed for shorter distances are frequently used to conserve space, ophthalmologists agree that these substitutes are at best only compromises which should be avoided wherever possible. Here again office consultation and examination are ordinarily combined in one single space by reserving one corner of the examining room for desk, chairs and bookcase. In the examination room and orthoptics room, special attention should be given to the correct location of each piece of equipment, particularly the proper relationship between patient's chair, doctor's stool and trial lens case as shown. If orthoptic work is included in the ophthalmologist's practice and he employs a full-time technician, the inclusion of a separate room for that purpose is almost indispensable. It provides independent work space for corrective training of cross-eyed children, for the exacting and time-consuming perimetric testing of field of vision, and for a variety of other procedures which can conveniently be handled by a nurse or an assistant. Although the 20' length is not essential in this room, it will be a definite advantage to design it for this distance so that it can also be used as a second examining room. The treatment room, where horizontal positioning of the patient is sometimes necessary, may contain beside the special chair with adjustable back and head rest, a couch which will also serve for certain treatments as well as for recovery. Concerning the waiting room, two peculiar factors enter into the picture. First, it should be large enough to accommodate patients during their initial visit which requires two separate examinations and lasts about two hours. The greater part of these two hours is spent in the waiting room where dilating eye drops are administered by the nurse every 20 minutes. Second, magazine tables and reading lamps need not be as abundant as in other offices, because some patients are not permitted to read during this waiting period.



AREA = 682 SQUARE FEET

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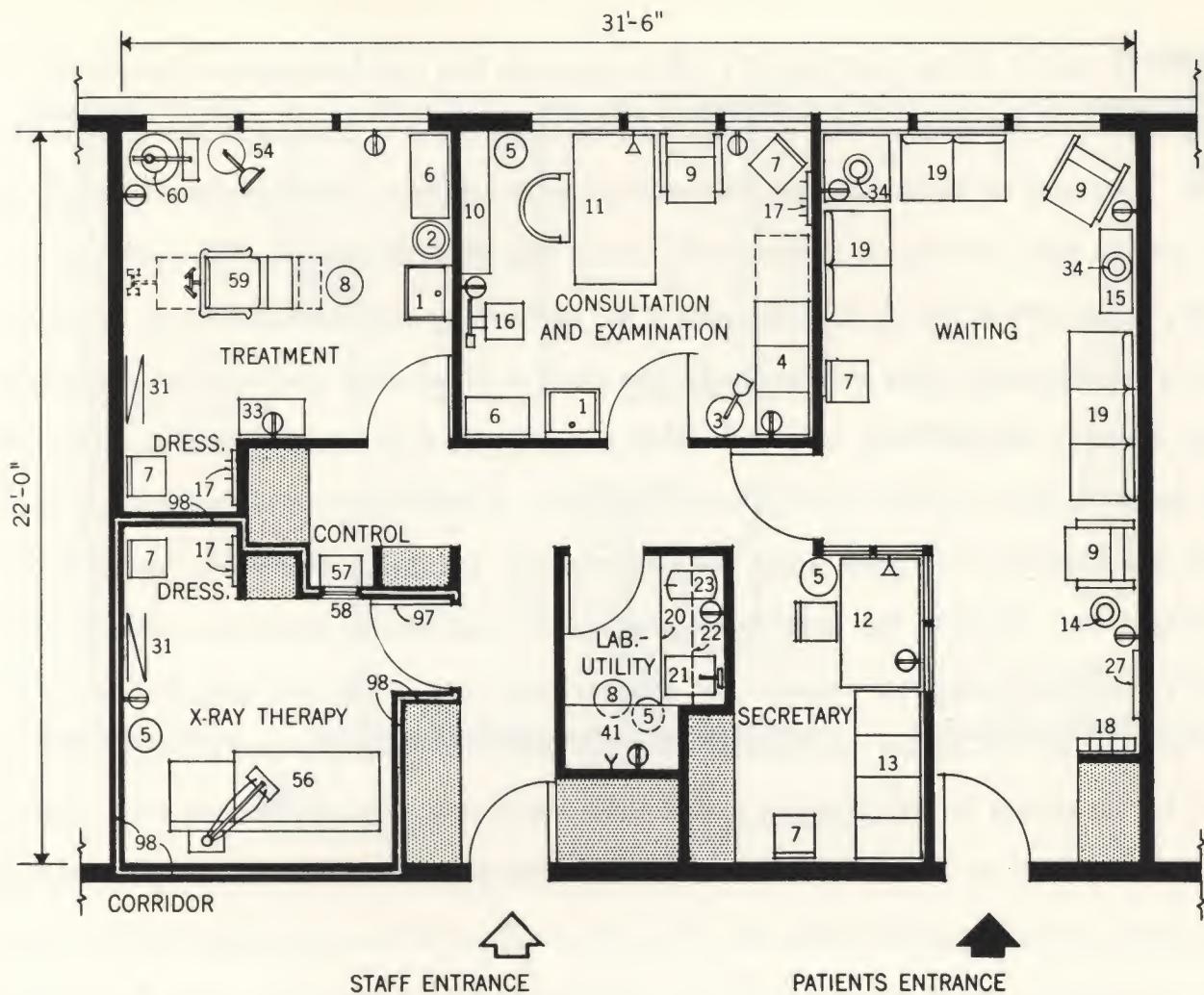


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OPHTHALMOLOGY

SEVERAL features, peculiar to the requirements of the dermatologist, distinguish this suite from some of the other offices. In the first place, as much good daylight as possible is an absolute "must" for the examination room. Since the initial interview and the patient's history is intimately related to the corresponding manifestations of the complaint, many dermatologists prefer the combination of consultation and examination in one room over the usual separation into two. Such a dual purpose room must consequently be large enough to accommodate the functions and equipment ordinarily attributed to consultation room and examination room.

Another indispensable facility of this suite is a protected X-ray therapy room with exterior control station behind a lead glass observation window allowing full view of entire table. In some offices as many as 80% of the patients receive X-ray treatment, in which case it may be necessary to equip more than one room with X-ray machines. Other treatment facilities, such as light ray and heat wave equipment, electro cautery and desiccation apparatus, etc., are concentrated in a general treatment room. A special chair, which can easily be converted into a horizontal table, is adaptable for treatment of patients in a sitting as well as in a reclining position. The indicated dressing alcoves, shielded by folding screens, illustrate an economical compromise between fully enclosed dressing rooms and entirely open accommodations, consisting of nothing but a chair and a hookstrip in one corner of examining or treatment room. (See remarks concerning dressing rooms in introduction.)



AREA = 693 SQUARE FEET

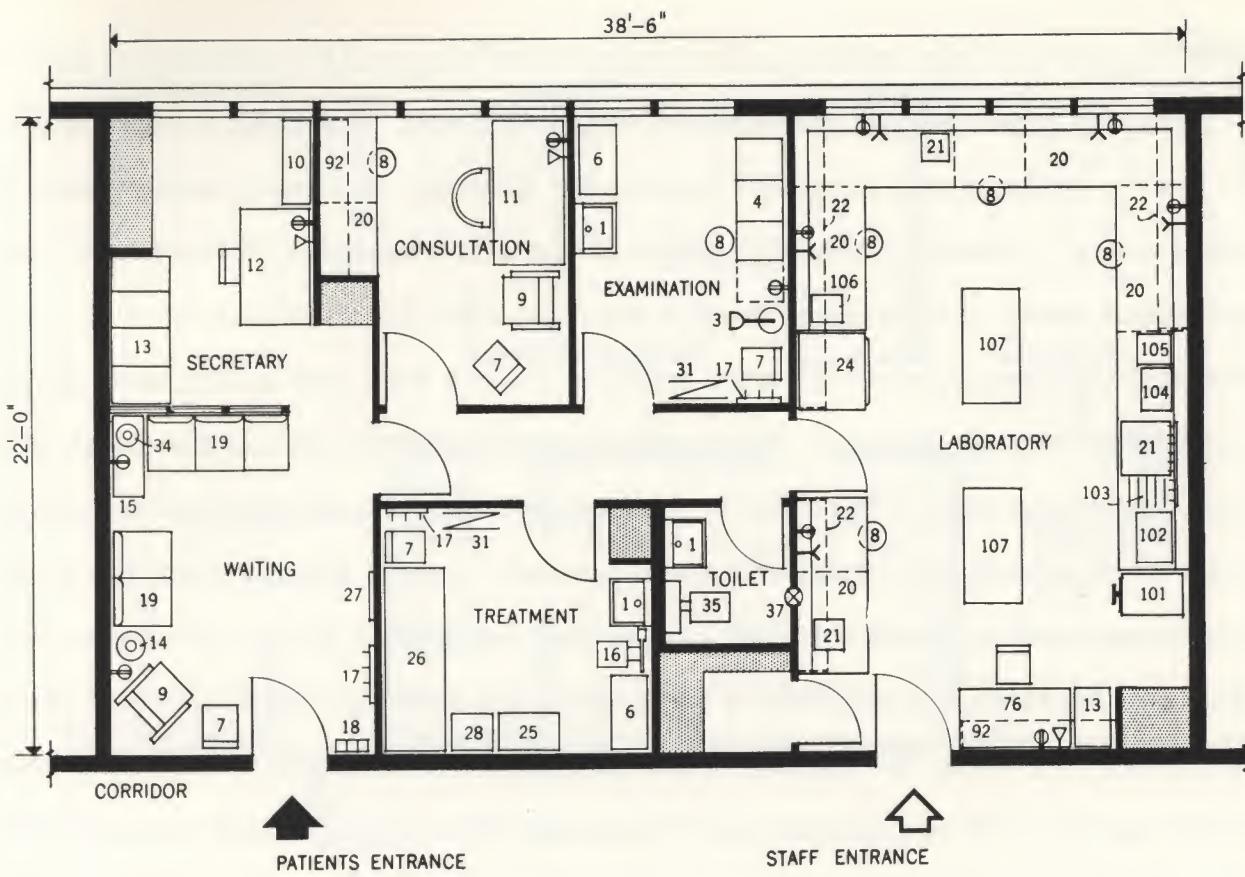
GRAPHIC SCALE IN FEET
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DERMATOLOGY

THE layout of the pathologist's office depends first and foremost on the volume of work he handles, on the arrangement he may have in one capacity or another with one or more hospital laboratories, on the number of technicians he employs and on the type of referral connections he has with other physicians. The center of activities in his suite is the clinical laboratory for performing and interpreting an immense variety of diagnostic tests and analyses. For ease of supervision and control, one single large room is said to have unquestionable advantages over several smaller ones, unless the work load exceeds certain practical limits. In either case it is desirable to separate the activities into work areas for bacteriology, serology, chemistry, hematology, histology, etc. Besides the laboratory proper, the pathologist needs an office which usually includes a separate counter for microscopic work, a general examination room and at least one so-called treatment room. This room, containing a bed or couch, is not used for treatment in the common sense of the word. It is primarily intended for special procedures such as B.M.R.'s, E.K.G.'s, spinal punctures, and for collecting of blood specimens, smears, gastric fluids, etc. As in the majority of the other office suites, these last mentioned patient rooms should be designed and equipped for interchangeable use. Supplementing the specimen-taking facilities, a toilet room adjoining the urinalysis section of the laboratory is a great convenience, if not a necessity.



AREA = 847 SQUARE FEET

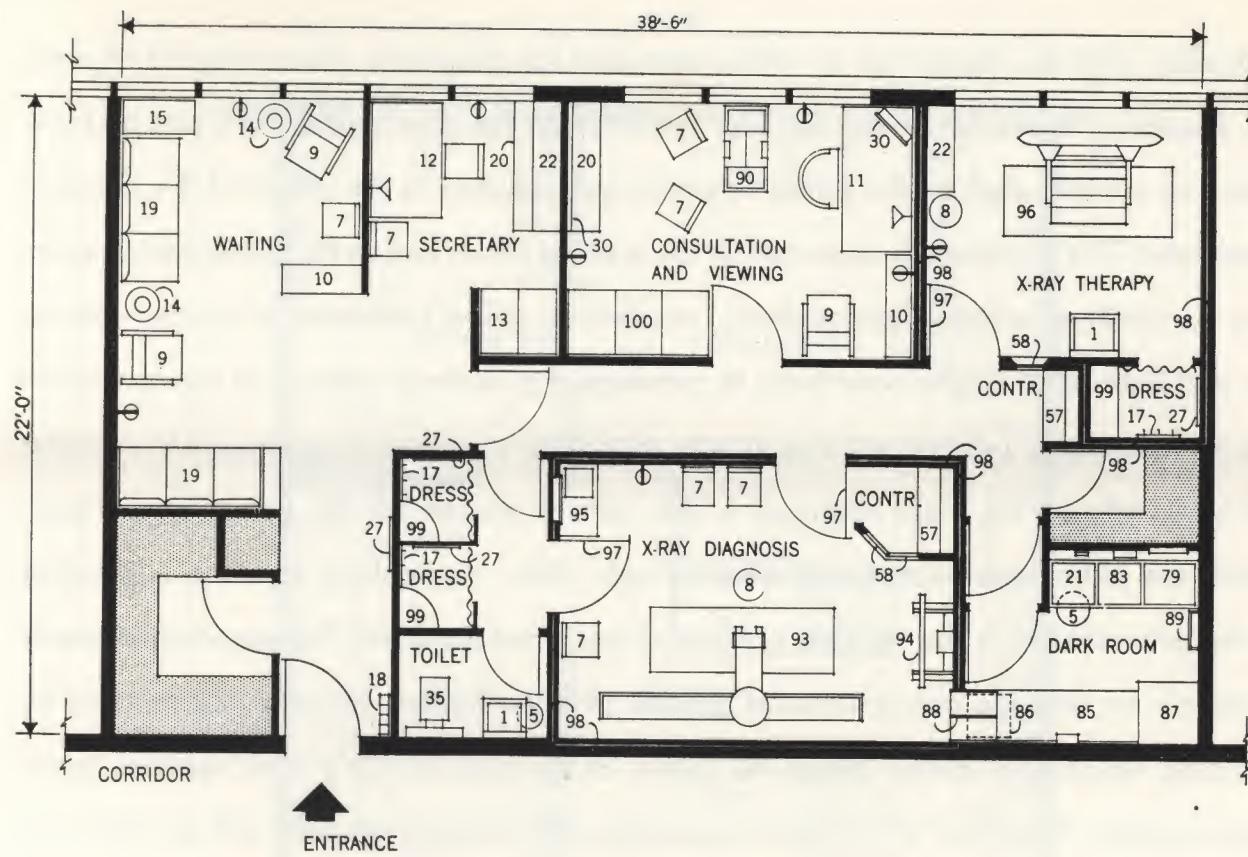
GRAPHIC SCALE IN FEET
0 1 2 3 4 5 6 7 8



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EQUIPMENT LEGEND

PATHOLOGY

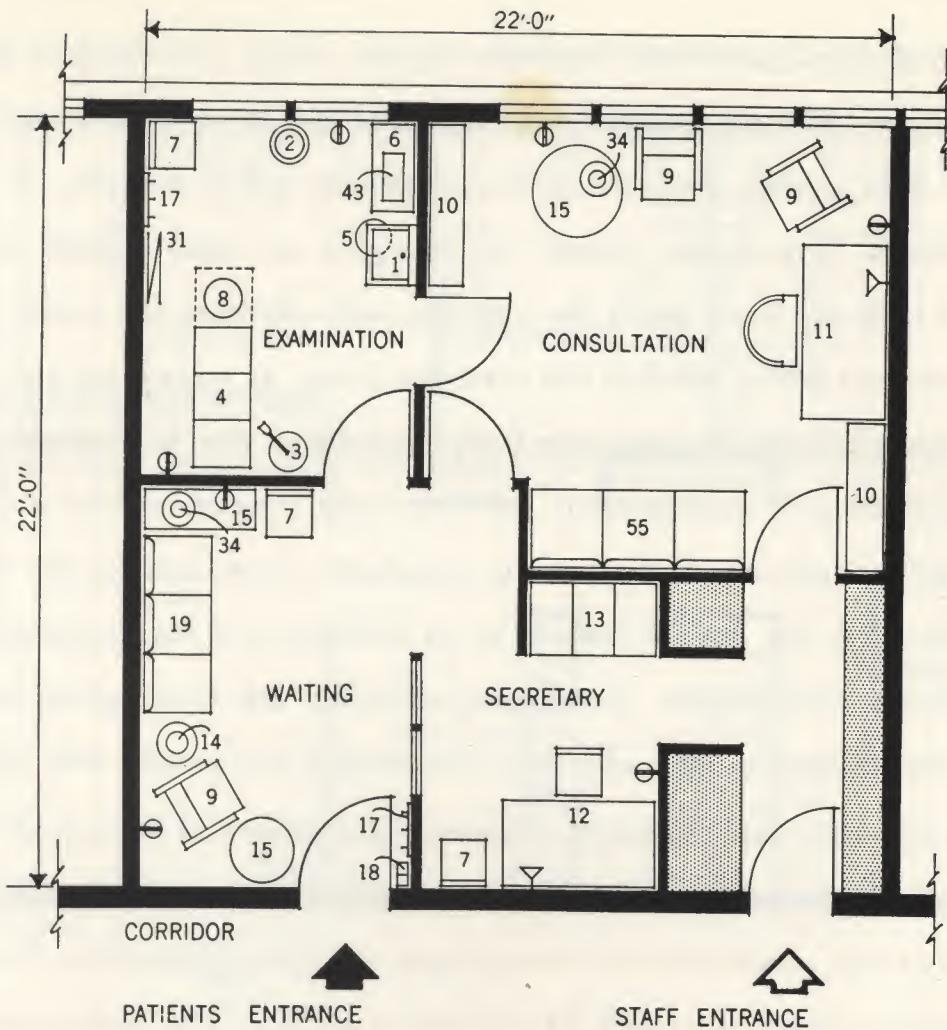
THE practice of the radiologist, in common with the one of the pathologist, differs from the other medical specialties in several respects. First of all, it assumes primarily the form of a consulting service for diagnosis and interpretation, and is therefore entirely dependent on the referral of patients from other physicians. In the second place, many practicing radiologists have part-time connections with X-ray departments of hospitals, clinics and other institutions where they have additional facilities and equipment at their disposal. Although the center of activities is unquestionably the fully equipped diagnostic X-ray suite for radiographic and fluoroscopic work, complete with film storage, darkroom, toilet and dressing rooms, a small therapy room for X-ray and sometimes radium treatments may occasionally be desired by the radiologist. The location and thickness of lead lining in walls, floors and ceilings, and the extent of other X-ray protection devices for diagnostic and therapy room, depends of course on the type and capacity of the equipment used. In any case, the controls of both rooms should be placed behind safe barriers with lead glass observation windows, permitting a full view of the patient during exposure to radiation. The diagnostic room should not be too restricted in size so as to allow referring physicians and even relatives to be present while the examination of a patient is in progress. The use of barium enemas in connection with certain X-ray examinations makes the inclusion of toilet facilities, immediately accessible from diagnostic room, a mandatory item on the list of requirements. The consultation room, which in this case serves also for viewing and interpreting of X-ray plates, should contain, in addition to the usual office furniture, film illuminators, a stereoscopic viewer and film filing cabinets accommodating at least one year's accumulation of exposed plates. Older films and records may be filed in separate storage areas, which frequently need to be somewhat more liberal in the radiologist's suite for this and other storage problems.



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RADIOLOGY

In dealing with the design for an office intended for diagnosis and treatment of mental disorders, it should always be kept in mind that the psychiatrist's job can be facilitated or complicated by the patient's emotional reaction to the effect of the physical environment. This is especially important in the waiting room and in the consultation room where an inviting, relaxing atmosphere, created by skillful treatment of space, texture, color and light, may vitally contribute to produce the desired release of tension which forms the necessary preliminary step in any successful psychiatric approach. In contrast to all other offices, the main emphasis in this suite is placed on the consultation room, in which the patients remain during most of their visits. Particularly sensitive, according to some psychiatrists, is the relative position of the office furniture. The psychiatrist needs to maintain an intimate conversational contact with the patient (without interference by obstructing objects on desk). Since the nature of the psychiatrist's work requires more time per patient than that of any other specialist, the number of daily office visits usually averages only about 7 or 8, which means in turn that there is no need for a large waiting room. The general examination room, which should be accessible from waiting area as well as from consultation room, serves for the customary routine physical check-up and for neurologic testing of reflexes. From a construction point of view it should be mentioned that acoustic privacy is essential, a factor which may call for soundproof doors and some form of sound insulation in the partitions.



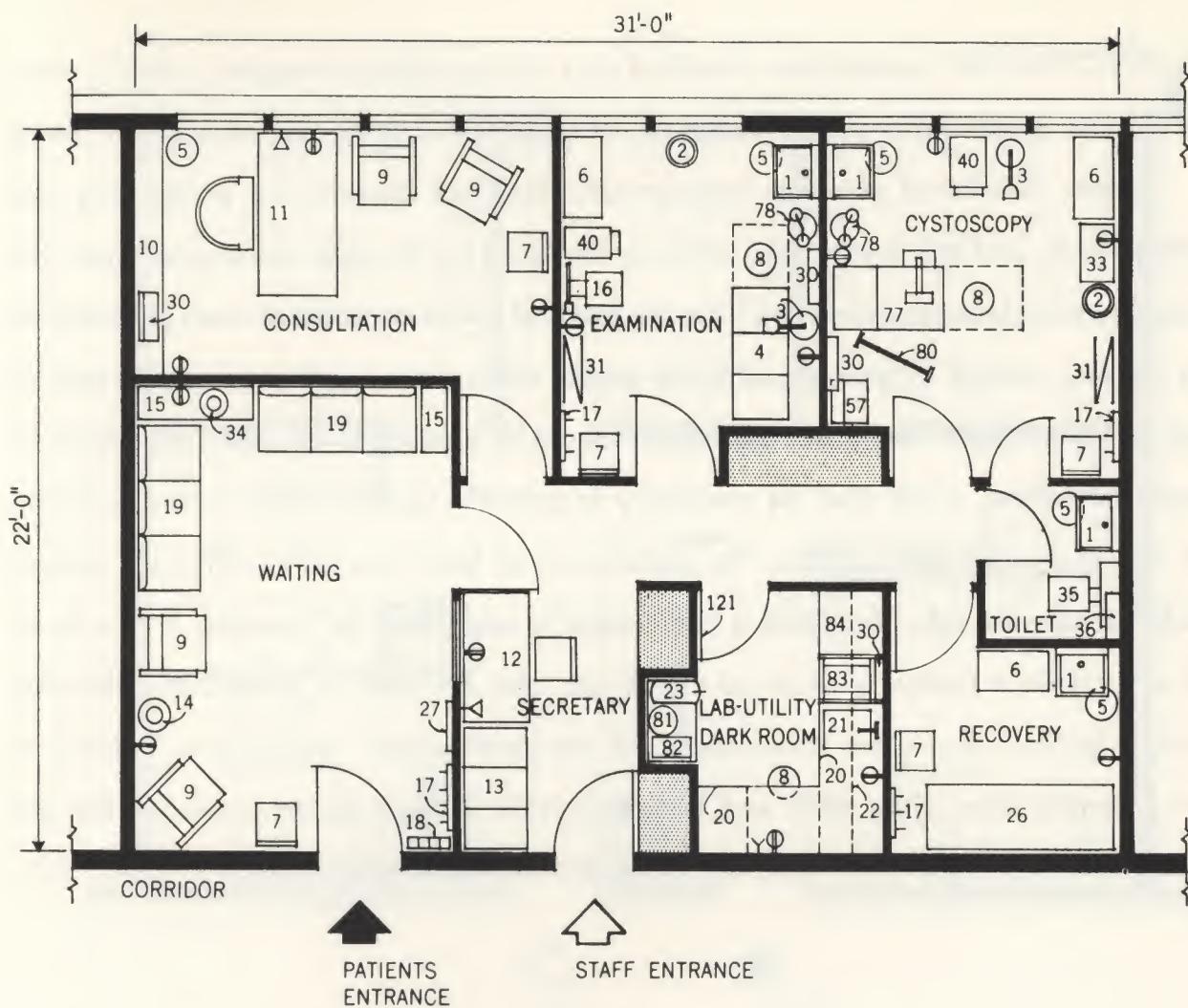
AREA = 484 SQUARE FEET

GRAPHIC SCALE IN FEET
 0 1 2 3 4 5 6 7 8

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PSYCHIATRY

THE Consultation-Examination-Treatment section, which, according to the generally accepted formula for this area, should consist of at least three rooms, is located in its entirety along the preferred exterior wall of the suite. A relatively compact solution is nevertheless possible by arranging an inside waiting room, staff work area and recovery room along the opposite wall adjoining the public corridor. Again, the secretary's office, which in this case also serves as private entrance for physician and personnel, dominates the scene from the point of view of circulation. It permits easy supervision over waiting room, both entrances, interior corridor, and it is conveniently located for calls from and access to consultation room, examination rooms and nurses' work room. A few special features to be considered in the design of this suite merit at least some brief remarks. Since many urologists are accustomed to perform radiographic examinations in their offices, a cystoscopic X-ray table with control unit and movable screen has been indicated. However, the volume of X-ray work is usually not large enough to justify the expense of a separate dark room installation. The familiar laboratory-utility room combination is in most cases capable of absorbing the functions of the dark room by slightly increasing its size and by adding a film loading counter and developing tank in one corner of this room. It should be noted that no fixed X-ray protection has been indicated on the plan, because the extent and exact location of lead lining, if required, depends on such variable factors as the capacity of the tube, frequency of exposure, occupancy of adjoining rooms, etc. As in other suites where X-ray equipment is used, the installation should conform to the recommendations on X-ray protection issued by the National Bureau of Standards.



AREA = 682 SQUARE FEET

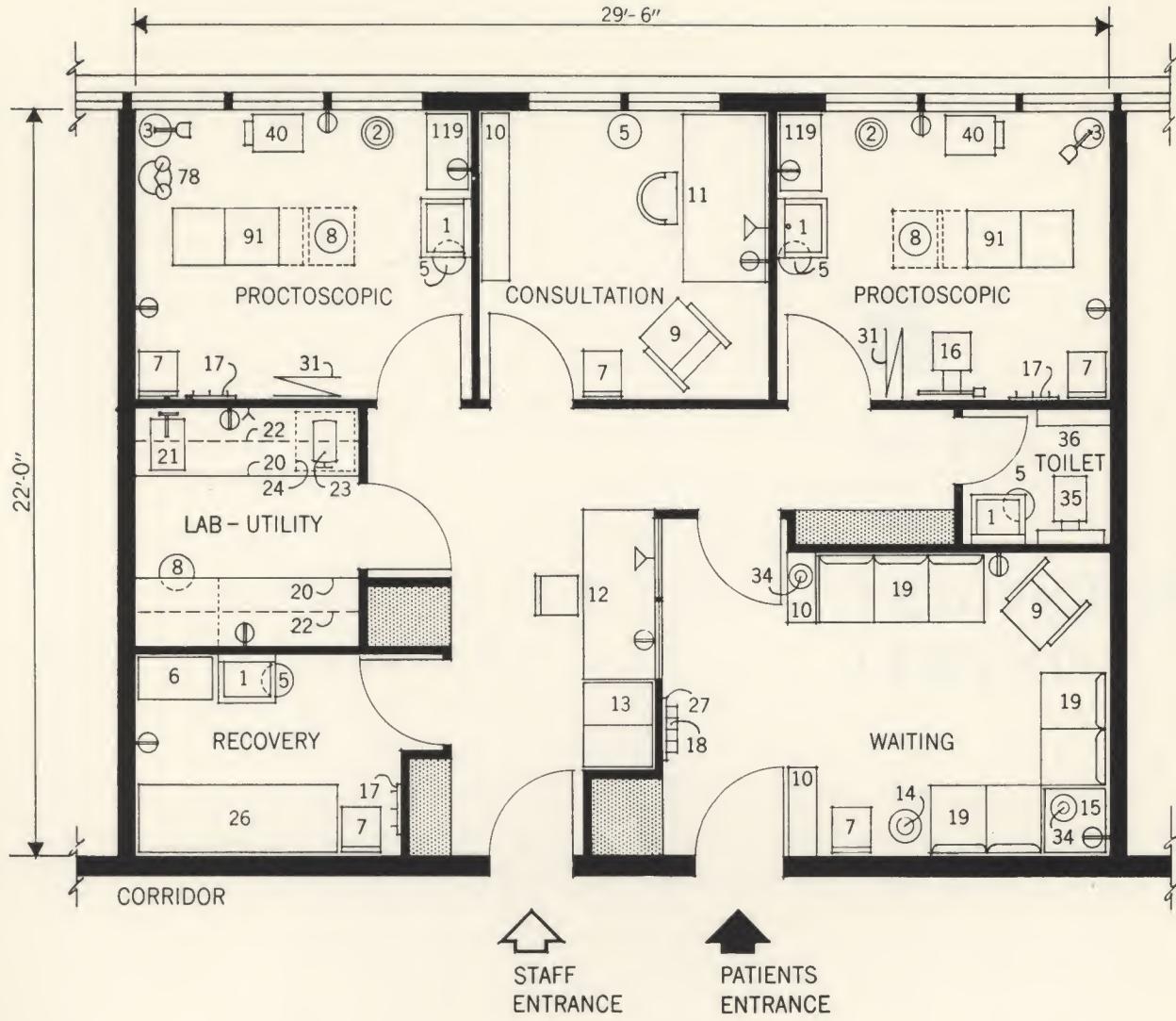
GRAPHIC SCALE IN FEET
0 1 2 3 4 5 6 7 8



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UROLOGY

PROCTOLOGY, sometimes classified as a sub-specialty of surgery, could probably be practiced in a suite designed for a general surgeon with only minor adaptations. The list of planning requirements does not contain any particularly outstanding items, and this layout was primarily included for the sake of completeness. The principal special features, deviating from the general surgical program, may be summed up as follows: Instead of typical examining tables, often placed with head or side against a wall, all examination and treatment rooms should be equipped with free-standing proctoscopic tilt tables. It will also be necessary to provide suction outlets in these rooms. Here, like in several other offices, the inclusion of at least one toilet within the suite is considered unavoidable. Sometimes preference is expressed for locating it in a treatment or even in a recovery room so that it can also be used in connection with high colonic irrigations and other procedures. A compact nurses' work space, which is in effect a combination utility room and laboratory with storage closets, similar to the one proposed for the surgeon, will most likely answer the proctologist's needs as well.



PROCTOLOGY



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